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Vice Adm. Michael L. Cowan, Navy Surgeon General, is greeted by Brig. Gen. Kenneth L. Farmer Jr., TRICARE Northwest Lead Agent.

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TRICARE Northwest

New superclinic named in remembrance of the heroism of a combat medic in WWII

By Chris Hober
TRICARE Northwest
Office of the Lead Agent

When the ribbon is cut for the new \$10 Million Okubo Medical-Dental Super-clinic currently being constructed on North Fort Lewis, the ceremony will celebrate both the past and the future of Army health care. The clinic, which will be the primary North Fort health and dental facility for the future, will honor World War Two Nisei Medal of Honor recipient, Technician Fifth Grade James K. Okubo, an Army medic.

The facility will house two



This new clinic located on North Fort Lewis will open in January 2002 to serve Active Duty Troops and family members (medical clinic services only).

clinics - a state-of-the-art medical clinic housed in a mini-medical mall setting, and a new dental clinic that will contain the elements necessary to support an advanced general dentistry one-year residency where eight dental residents will train each year. The two clinics will be joined in the middle by an aesthetically pleasing recreation of the

well-known prehistoric structure, Stonehenge.

The new medical clinic will provide care for both soldiers and family members with primary care and will include lab, x-ray and a small pharmacy. The dental clinic will initially support about 3,000 soldiers, but will expand over time, as new barracks continue to be built to support units of

the 1st Brigade. The dental clinic will include dental x-ray facilities and a prosthetics lab so that prosthetics can be created on-site. It will support general dentistry, endodontics, prosthodontics, and oral surgery, as well. The Okubo Dental Clinic will replace Dental Clinic #5 and the Fulton Dental Clinic. The medi-

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TRICARE changes mean lower health care costs for reservists

By Sgt. 1st Class Kathleen T. Rhem,
USA

American Forces Press Service

WASHINGTON, Nov. 19, 2001 -- DoD officials have enacted healthcare system changes to make life a little easier for reserve component members and their families following the Noble Eagle/Enduring Freedom call-up to active duty.

The most significant change is a national demonstration project that waives all TRICARE deductibles for family members of Noble Eagle/Enduring Freedom activated reservists and guardsmen for care received since Sept. 14.

TRICARE officials realized many of these families probably paid deductibles for their civilian health plans earlier in the year. They didn't feel it fair for them to shoulder another financial burden just because their sponsor was called up toward the end of the year,



A Vermont Air National Guard F-16 patrols the skies over New York City in support of Operation Noble Eagle. (U.S. Air Force photo by Lt. Col. Terry Moultrup)

said Coast Guard Lt. Cmdr. Robert Styron, regional operations officer for the TRICARE Management Activity.

Another change for reserve component members is that TRICARE will pay for up to 115 percent of what is usually allowed for care under existing guidelines. Styron said the change would help reservists who live far from active military facilities in areas that don't have TRICARE provider net-

works. Their families probably would end up paying more out-of-pocket if TRICARE hadn't agreed to the higher fees.

The third change is that TRICARE officials have waived the need for Guard and Reserve family members to obtain nonavailability statements before receiving care from a civilian provider. Styron said DoD acknowledges

many reserve families have existing relationships with civilian providers. "If you've already got these established relationships with a provider, we're not going to get in the way. We will allow you to continue seeing providers you know," he said.

Active duty family members don't need a nonavailability statement if they're far from a military treatment facility. If

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New cost saving benefit for TRICARE Prime Remote Active Duty

On Aug. 1, 2001, TRICARE Management Activity (TMA) introduced the "Interim Waived Charges Benefit." It's a new cost-saving program for uniformed services active duty family members living with sponsors assigned to remote locations, 50 miles or a one-hour drive from a military treatment facility. The Interim Waived Charges Benefit is retroactive to Oct. 30, 2000. This means active duty family

members can be reimbursed for the out-of-pocket cost shares, copayments, or deductibles paid for covered medical care received from that date. This benefit will continue until the TRICARE Prime Remote for Active Duty Family Member (TPRADFM) program begins in 2002. For reimbursement, active duty family members need not take any action. The regional managed care sup-

port contractors (MCSC) will review claims processed during the interim benefit period and issue reimbursement checks with an explanation of benefits (EOB) to family members due refunds. There are some TRICARE Prime Remote locations where network providers are available and other locations where they are not. Family members must utilize network providers when available to receive

the waived charges benefit. In locations where network providers are not available, family members must use TRICARE authorized providers. Family members should call their regional toll-free number or 1-877-DOD-CARE (1-877-363-2273) for assistance in finding network providers.

The new benefit does not cover costs associated with claims for medical

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Wellness Program keeps soldiers fit for duty

By: Sharon D. Ayala
MAMC Deputy PAO

It's been a known fact for years that pregnant soldiers who exercise during and after pregnancy are better prepared to pass their physical fitness tests when they return to duty. Based on that premise, officials from Fort Lewis, Madigan Army Medical Center and the 62nd Medical Brigade created a program that focuses on a full spectrum of female readiness needs.

The Tri-service Female Soldier Readiness Program was established in 1998. It addresses topics such as Unintended Pregnancy Prevention, Pregnant Soldier Wellness (PSWP) and Exercise Physiology.

All of the programs are run by a team of health care professionals from the Army, Air Force and Navy. Col. Robert Ricks, chief, Clinical Investigation Department, is the director of the program. The overall goal is to maintain the readiness capability of the female soldier.

Although only a small component of female readiness, the PSWP has increased in popularity among soldiers and their supervisors. Prior

to its implementation, no one really knew the limits for pregnancy physical training (PT). This program exposes pregnant soldiers to a variety of exercises that are unique to pregnant women, showing them that they can do more than initially thought.

Studies have shown that there are many benefits to exercising during pregnancy to include easier labor, healthier babies, and soldiers returning to duty on time.

The PSWP is for women who are either in their first, second or third trimester. The program's instructor, Maj. Katharine Opitz, 62nd Medical Bde., is also pregnant. In the short time the program has been around, Opitz has seen enrollment double.

"Last year we had 20 soldiers in the program," said Opitz. "Right now, we have 50 to 70 soldiers."

Although the exercises are far from rigorous, they are effective. The exercise regimens include light-impact aerobics, strength exercise training and pool PT. Soldiers also learn exercise techniques that show the proper way to get up, sit or stand and how to strengthen pelvic

muscles.

Most of the women agree that the overall benefits of the program are worth the effort.

"This is an excellent program. It has turned out to be better than I expected," said 1st Lt. Kelly Elton, 3rd Brigade, 296th Personnel Service Battalion. "It gives us a good baseline, so we know where we should be while we're pregnant."

Before participating in the program, soldiers must receive approval from their obstetrician. Those with high-risk pregnancies caused by conditions such as asthma, high blood pressure, or a history of premature labor or multiple babies may not be able to participate in the exercises.

The PSWP also includes educational classes, covering not only mother and infant health before and after delivery, but also parenting, stress management, family care plans and financial planning. An added benefit to this program, Opitz said, is that soldiers who are enrolled in the program are given first priority to be seen in the pregnant Soldier Wellness Clinic. Sol-



(U.S. Army photo)

diers not in the program must call TRICARE to schedule an appointment.

Recently, a return to fitness program was added to the program's curriculum. It provides postpartum soldiers with an exercise plan to follow while they're on leave.

"Those soldiers are allowed to continue participating in the PSWP for up to four weeks to help them ease back into a workout routine," Opitz said.

One soldier who has benefited from the program, before and after pregnancy, said that the PSWP was just what she needed.

"It made my mornings. It was very uplifting," said Spc. Dionne Jones, Headquarters and Headquarters Company, 29th Signal Battalion. "The

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No link between depleted uranium, illnesses

By Sgt. 1st Class Kathleen T. Rhem, USA
American Forces Press Service

WASHINGTON, Nov. 20, 2001 -- DoD deployment health officials have released an information paper that states no country that sent troops to the Balkans has

found a health threat related to depleted uranium.

Depleted uranium is a by-product of the process by which natural uranium is enriched to produce reactor fuel and nuclear weapons, according to the paper. DU's extremely heavy and dense nature has made it a valuable

component in U.S. armor and weapons for many years, it says.

In early 2001, international media reported an alleged link between depleted uranium use in the Balkans and leukemia in Italian troops who served there. U.S. officials have repeatedly said there is no dan-

ger from exposure to depleted uranium under the conditions faced in the Balkans.

The new DoD paper, released Nov. 6, recaps studies done by European countries and international organizations that basically substantiate what the United

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Ribbon cutting for satellite pharmacy site

Naval Hospital Oak Harbor — The Seaplane Base Navy Exchange pharmacy refill site is open and ready for business. It's located in the former cashier's cage in the NEX building. The Navy held a ribbon cutting ceremony in December to commemorate this event.

Customers will enjoy the short wait to pick up refills while enjoying the added benefit of shopping while they wait.

Refill requests must be called in to the automated

pharmacy refill system by calling (360) 257-9701/9705. This automated system is operational 24-hours a day, 7-days a week. Customers will be asked to choose a site where he/she wants to pick up their refills, customers have two choices: Seaplane Base or the hospital pharmacy.

The Seaplane base site is open from 9:00 a.m. - 1:00 p.m. and from 1:30 - 5:00 p.m., Monday - Saturday (excluding holidays).

After the customer

calls in his/her refill is available for pick up in 48-hours. Callers must provide the prescription refill number. Their refill can be held for seven days. After seven days, the customer must call in his/her order again. The hospital site is open from 6:30 a.m. - 8:00 p.m. daily.

(The Seaplane Base site accepts new or renewal civilian prescriptions for maintenance medications.)

Patients with prescriptions for antibiotics and

other acute condition drugs are requested to either take their prescription to the hospital pharmacy or a TRICARE network pharmacy.

For comments, concerns and related matters please send e-mail to rlmartinez@nhoh.med.navy.mil or call (360) 257-9707

(NOTE: The Satellite Pharmacy will be closed for refill pick-up on Christmas Eve, Christmas Day, New Years Eve and New Years Day.)

Navy surgeon general visits Naval Hospital Oak Harbor

By: Sara E. McGruder
NHOH PAO

In early December the new surgeon general for the Navy visited TRICARE Northwest Region's Naval hospitals and met with Brig. Gen. Kenneth L. Farmer Jr., TRICARE Northwest Lead Agent.

Vice Adm. Michael L. Cowan, Medical Corp, U.S. Navy was appointed in August as surgeon gen-

eral of the Navy and chief, bureau of medicine and surgery.

Cowan visited Everett, Bremerton and NASWI Treatment facilities and met with the staff of each facility to acquaint himself with the region's business plan.

NHOH's executive steering committee met with Cowan and each member shared their accomplishments and challenges in operating a hos-

pital in a remote location.

Cowan held an "All Hands Admiral Call" at which Capt. Laurie B. Mosolino, MSC, was presented the Gold Star in Lieu of the Second Meritorious Service Medal, for outstanding service as President of the Medical Staff from 1999 to April 2001 and Head, General Surgery Department, NHOH from November 1997 to October 2001. Cowan also presented

Navy and Marine Corps Achievement Medals to Petty Officer 2nd Class Juan Gueda-Topete (Gold star in lieu of 3rd), Hospitalman, Vinesh Muchram, (Gold star in lieu of 2nd), Lt.j.g. Cheryl Weil, NC, Petty Officer 2nd Class Matthew Hodgson, Petty Officers 3rd Class Kim Lambros and Lisa Braswell.

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workouts were just right."

To help commanders and first sergeants better understand the unique readiness needs of female soldiers, officials at Madigan have created a Female Soldier Readiness Guide for Leaders.

The booklets are available in the Madigan Clinical Investigation Department, 968-1160.



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States has been saying for years -- there's no danger. The organizations behind the cited studies are credible and independent of DoD, the paper states.

The DoD report explains that at least 13 countries and several international organizations have sent survey teams to the Balkans to collect and analyze soil, air, water, vegetation, and food samples. Many countries that have sent peace-keeping troops to the region have also begun medical monitoring of these forces.

"These surveys consistently report no widespread DU contamination and no current impact on the health of the general population or deployed personnel," the DoD paper states.

Uranium is a naturally occurring substance. Very small amounts can be found in everyone, so testing for exposure to depleted uranium can be tricky, DoD experts explained. The most common method of testing for DU exposure is urine testing.

"We all excrete uranium every day," Jeff Prather said.

"It's in the water.

It's in our food, particularly in root vegetables." Prather is a member of the team studying possible effects of DU exposure for the Office of the Special Assistant to the Undersecretary of Defense for Gulf War Illnesses, Medical Readiness, and Military Deployments.

Depleted uranium isn't any more dangerous than natural uranium, Prather explained. And DU is 40 percent less radioactive, so it poses less of a radiological threat, he added.

Urine testing is a useful tool for assessing whether someone has received a significant uranium exposure, but since everyone has some uranium in their urine, low exposures to depleted uranium are hard to confirm, the experts explained. Depleted uranium exposures that produce urine uranium levels at about the same amount as normal would not cause concern, they explained.

Prather explained there are three ways depleted uranium can enter the body: by ingestion, by inhalation of dust particles in the air, or by DU shrapnel wounds. Uranium

doesn't generally contaminate a person through fragments embedded in the body, he said. Ingested amounts of depleted uranium generally pass quickly through the body and aren't retained, he said.

Inhaled dust is the only real health concern because the body may retain particles for a long time, said Pat Williams, head of the DU team in the DoD deployment health office. "However," Williams explained, "it is essentially impossible to inhale enough DU to do any serious harm."

The DoD report provides information on health testing being done by many European countries on their service members who served in the Balkans. For instance, all Belgian service members returning from the Balkans take a urine uranium test. By December 2000, the Belgian Medical Service had conducted 3,580 urine uranium samples. None exceeded normal levels of uranium for the Belgian population, the report states.

Finland, France, Germany, Lithuania, the Netherlands, Portugal, Slovakia and Spain have all conducted tests on

varying numbers of troops and none has been found to have an elevated level of uranium, the report states. It contains a chart that breaks down exactly what type of testing each country performed, how many troops were tested, and the results.

In addition, Italy now reports that the number of soldiers who've developed leukemia is actually only about half the number that would be expected to be diagnosed with the disease based on the country's average leukemia rate. The DoD information paper quotes a March 2001 Italian study that states: "There is nothing to lead to the conclusion that Italian troops were significantly exposed to DU."

The information paper also addresses environmental contamination with DU in the Balkans. It quotes a March 2001 U.N. report stating that its environmental researchers had "found no depleted uranium contamination of the water, milk or buildings in Kosovo." The complete report is on the Internet at www.deploymentlink.osd.mil/du_balkans/.

DOD deploys defensive measures against anthrax mail threat

By Gerry J. Gilmore
American Forces Press Service

WASHINGTON— Starting Nov. 20 all incoming mail to the Pentagon will be opened and inspected, X-rayed and checked for anthrax, a Pentagon administrative official said.

"Any kind of mail or package deliveries that come into the building are to be first physically opened and inspected, checked for anthrax and X-rayed," said Pentagon Administrator Tony Tatum.

The Army, he noted, is responsible for Pentagon mail operations.

Officials stopped delivery of official mail to the Pentagon Oct. 20 after the discovery of anthrax bacteria at the U.S. Postal Service's Brentwood facility in Washington, D.C., Tatum noted. Brentwood had processed mail for Pentagon delivery.

"We're expecting the first truckload of mail tomorrow that they've been holding in the Washington area," Tatum said.

He remarked that all incoming Pentagon mail -- including that delivered by Federal Express and United Parcel Service -- will be checked at a special containment area adjacent to the Defense Post Office located near the five-sided building.

Normally, about 1.5 million pieces of mail arrive monthly at the Pentagon through the Defense Post Office, Tatum said. Contractors in protective clothing will now open and screen that mail, he

added.

Tatum said specially constructed "downdraft tables" that suck air downward from opened mail to filters have been installed at the Pentagon mail handling/screening facility. The filters, he said, are tested for anthrax for each batch of mail opened. Tatum said the mail handlers wear protective clothing, facemasks and protective gloves.

All mail will be held for up to 72 hours, Tatum said, pending test results. Mail testing

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they live near a military facility, however, they generally need the statement or they must pay for the care themselves.

DoD officials have explained that families of reserve component members called

up for at least 30 days are eligible to use TRICARE benefits. Families of those activated for at least 179 days are also eligible to enroll in TRICARE Prime, which offers the most cost-effective way for military families to receive medical care.

For more information on these new benefits and on health care for reservists and guardsmen, visit TRICARE for the reserve components at www.tricare.osd.mil/reserve/default.htm.

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cal clinic will replace Troop Medical Clinic #5.

James Okubo, who at age 22 volunteered for Army service, was assigned to the legendary 442nd Regiment, one of America's most decorated military units. In June, 2000 his family received the posthumous award in recognition of several heroic actions while Okubo served in Europe during fall, 1944 near Biffontaine, France. On one occasion, he crawled under intense enemy fire to within 40 yards of enemy lines to rescue 17 wounded

soldiers. The following day, he rescued eight more, sometimes using his own body as a shield for his wounded comrades from further injuries. The following week, Okubo ran through 75 yards of enemy fire directed at him to rescue a seriously injured tank crewman from burning wreckage and carried him back to safety, saving his life. Originally awarded the Silver Star for his heroic action, the award was upgraded to the Medal of Honor Following a congressionally-requested review of Asian and Pacific Islander World War II medals in 1996.

"We feel honored that we were able to name a clinic that will support our soldiers after an Army medic who proved himself to be a true hero in wartime while saving lives," explained Fort Lewis DEN-TAC Graduate Education Director Col. Donald L. Gebhart "What could be more appropriate?"

Although the ribbon-cutting ceremony for the new facility will be conducted during the month of February, the clinics will begin to care for soldiers as early as the end of January.

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care not covered by TRICARE, nor does it cover claims received from non-authorized providers. It also does not cover point-of-service charges, claims associated with the Program for Persons with Disabilities (PFPWD), or pharmacy cost-shares since April 1, 2001.

The TPRADFM program will bring equity of the TRICARE Prime benefit to family members who live with their sponsors in remote locations, and reduce or eliminate out-of pocket costs for these family mem-

bers. The Interim Waived Charges Benefit provides financial relief until TPRADFM is implemented. "Previously, the only option available to family members living in some remote areas was to seek care with authorized civilian providers using the TRICARE Standard benefit," said Coast Guard Lt. Cmdr. Robert Styron, TRICARE Prime Remote regional operations officer, TMA.

"Consequently, sponsors with family members residing in remote locations paid more for health care than sponsors with family mem-

bers living on or near military installations. The Interim Waived Charges Benefit reduces the medical costs associated with being assigned to a remote location."

During the interim period, Aug. 1, 2001, until the TPRADFM begins, enrollment of family members in TRICARE Prime is not required. However, after the TPRADFM program begins, the Interim Waived Charges Benefit will no longer apply. At that time, family members choosing to use TRICARE Standard, and not to enroll in TRI-

CARE Prime, will again be responsible for the TRICARE Standard deductibles and cost shares. Up-to-date information on the Interim Waived Charges Benefit and the TRICARE Prime Remote benefit for active duty uniformed services members and their families, is available on the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote. Sponsors and family members can also call 1-877-DOD-CARE (1-877-363-2273), toll free for additional information or to verify their eligibility.

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negative for anthrax will be forwarded for distribution to Pentagon recipients.

Mail reading positive for anthrax "would be held, the Defense Protective Service would be notified and take possession

of the mail as possible evidence," Tatum said.

He estimated that the first batch of Pentagon mail under the new security protocol could start being distributed around Nov. 26, after negative results are received and after the

Thanksgiving holiday.

Tatum said he has confidence in the new mail security procedures. "Is it 100-percent accurate? No, but it is as good as you can do in this situation," he emphasized.

Regarding that 72-hour

waiting time for anthrax test results, Tatum remarked: "We're hoping to get that reduced when improved test techniques become available."